Form RD 1944-8 (Rev. 4-97)			SDA RURAL HO						014	Form Approved
(Rev. 4-97)			ENANT CER		N				OM	B No. 0575-0033
1. Effective M M D D	) Y Y	PART I - PROJECT  2. Project Name		-ICATION  D and Project Number		4. Unit Type		5. Unit Nu	ımher	
Date		2. 1 Tojour Hamo	0. 20110	mor ib und i rojoot			1. 01	Po	0. 01	
for: Initial Certificatio	n ,									
Re-Certification		WARNING STATEMENT:								
Other		of any department or agen or device a material fact, o	r makes any false, fic	titious or fraudulent	sta	tements or repre	sentations,	or make	s or uses any	/ false writing or
PART II - TENANT HOUSE	HOLD	document knowing the sar more than five years, or bo		e, fictitious or fraudu	uler	nt statement or er	ntry, shall b	e fined u	nder this title	or imprisoned not
INFORMATION 6. Tenant Subsidy code		STATEMENT REQUIRED								
(enter code)		on this form. Your disclosure processing of your eligibility								
0 - No Deep Tenant Subsidy 1 - Rental Assistance (RA)		This information is collected		, , ,			•		•	
3 - Existing HUD Certificates 4 - Other Public RA		However, the information of when relevant to civil, crim							dit bureaus a	nd servicing agents
5 - Private RA		verification procedures.	mar or regulatory pro-	occumigo en la cime.			arraar or aa	11. Mir	nor	40 Eldorh
6 - HUD Voucher 7 - Other Types at Basic Rent		Round all monetary figure	s up to the nearest dc	ollar at .50 and abov	æ.			Disable	ed,	12. Elderly, Disabled
7. Social Security Number	8. House	chold Member Name (Last, First and Middle Initial)			9 Sex 10. Date of Birth		Birth	or Full Time		or Handi- capped
				БÇЛ	M M D D	ΥΥ	Y Y Stude or Old			
								4	(Complete	(Complete this only
									this only	when household
									when household	member
								J	member	is a Tenant or
									is not the Tenant	Co-Tenant
									or a Co-Tenant	
								1		(Check below
								<u> </u>		when coded above)
13. Race/National									1	r í
Origin of Tenant (enter code)	8a Numbe	er of Foster Children (if any)	,						Total (Line 11)	Elderly Status
1 -White, Non Hispanic		I - ASSET INCOME								
2 -Black,										
3 -Asian, Pacific IsId.							,	\$		
4 -American Indian Alaskan Native		ed Income from Assets ne from Assets	(Bank Passbook S	avings Rate (*		) >	( Line 14.)	\$ <u></u>		
5 -Hispanic PART IV - INCOME CAL								Ψ		ı
17. Income	COLATIC	)NO								
		\$		18. Adjustmen				\$		
a. Wages, Salaries, etc.				a. \$480 x total of Line 1 1 b. \$400 if elderly status					'	
c. Assistance		\$		c. Medical	exc	ceeding 3% of Lir		\$		
d. Income Contributed by As (Greater of Line 15 or Line 16)		\$		(if elderly d.Child Ca		ndicapped or disabl	led)	\$		
e. Other		\$		d.Omia oa				\$	5	
f. Annual Income		\$		e.Total Ad	just	ments				
		<u> </u>		19. Adjusted A	nnu	ial Income		\$	5	
-						nus Line 18.e.)				
PART V - INCOME LEVE	ELS							М	M D D	V V V
20. Number of Household Memb	oro			22. Date of Initial	Dro	ioot Entry		IVI	IVI D L	, , ,
20. Number of Household Memb	eis	i	_	22. Date of Illitial	FIU	Ject Entry				$\overline{}$
21. Current Eligibility Income Level (Enter Code)				23. Eligibility Inco	me	Level at Initial Pi	roject Entry	(Enter C	Code)	
PART VI - CERTIFICATION	ON BY T	ENANT								
I certify that the information in PA	ARTS 11 thr	ough IV is true and correct	to the best of my know	wledge and belief. In	nqu	iries may be mad	de to verify	this infor	mation.	
a. Date: M M D [	ΥΥ	b. Tenant Signature								
c. Date: M M D D	ΣΥΥ	d. Co-Tenant Signature	1							

PART VII-PRELIMINARY CALCULATIONS								
24. Adjusted Monthly Income (Line 19 / 12)	a. \$ x .30	= b. \$						
25. Monthly Income ( <i>Line 17.f.</i> / 12)	a. \$ x .10	= b. \$						
	26. Designated Monthly We	Ifare Shelter Payment \$						
	27. Highest of Line 24.b., Li	ne 25.b., or Line 26.						
28. Gross Basic Rent	29, Gross Note Rate Rent		_					
a. Basic Rent	\$ a. Note Rate Rent	\$						
b. Utility Allowance	b. Utility Allowance	\$						
c. (Line 28. a. + Line 28. b)	\$ c. (Line 29.a. + Line 2	· [						
	· ·	,						
PART VIII-DETERMINING GROSS TENANT	CONTRIBUTION (GTC)							
Decision: (check one)								
A. If tenant receives rental assistance (RA) en receive RA.	ter Line 27 on Line 30 below. If Line 27 exceeds Line 28.c., go	to Decision B since this Tenant will not						
	ct receives Plan 11 Interest Credit, enter the greater of Line 27	or Line 28.c. (but not to exceed Line 29.c.)						
	ct is a Plan 1, Full Profit or Labor Housing project complete Lir	nes C.1. thru C.3. and enter Line C.3. on						
Line 30.								
C.1. Enter Line 29.c.	\$ [							
C.2. Add Plan I Surcharge (if any)	\$ [							
C.3. Total (enter on Line 30)	\$							
PART IX-DETERMINING NET TENANT CON	TRIBUTION (NTC)							
30. GTC (From PART VIII)		\$						
31. Utility Allowance (Line 28.b. or Line 29.b.)		\$	_					
32. Final NTC (Line 30 minus Line 30)	\$							
(Amount Tenant pays Borrower for rent. If Line autilities.)								
PART X-CERTIFICATION BY BORROWER								
I certify that the information on this form has been v household	erified as required by federal law and the tenant	Project Name (optional):						
is eligible to live in the unit, or has been	granted ineligible occupancy by RHS.							
a. Date Signed	b. Signature of Borrower or Borrower's Representative							
M M D D Y Y	]							
PART XI-RHS CERTIFICATION								
Based on information provided by the Borrower, the	calculations for this form are correct.							
a. Date	b. Signature of RHS Representative							
M M D D Y Y	1							